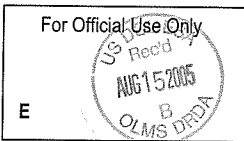


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>6144</u>  | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>  |
| 3. Name and address of person filing.<br>Name <u>PETER J. FORD</u><br>P.O. Box, Bldg., Room No., if any<br>Street <u>1775 K Street, NW</u><br>City <u>Washington</u><br>State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u> | 4. Name, file number, and address of labor organization.<br>Name <u>UFCW Int'l Union</u><br>Labor Organization File Number <u>000-056</u><br>P.O. Box, Building and Room Number, if any<br>Street <u>1775 K Street, NW</u><br>City <u>Washington</u><br>State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u> |
| 5. Position in labor organization. <u>ASSISTANT GENERAL COUNSEL</u>   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|   |  |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. <u>N/A</u> |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4   | 7.a. Nature of Interest, Transaction, or Income.<br><br>7.b. Amount. |

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Peter J. Ford

On

8/10/05

Date

(202) 466-1523

Telephone Number

Name of Person Filing

PETER J. FORD

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

N/A

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

THE LEUKEMIA &amp; LYMPHOMA SOCIETY,

Trade Name, if any:

NATIONAL CAPITAL AREA CHAPTER

P.O. Box, Bldg., Room No., if any

SUITE 630

Street

5845 RICHMOND HIGHWAY

City

ALEXANDRIA

State

VERGINIA

ZIP Code + 4

22303

14.a. Nature of payment.

SEE ATTACHMENT

13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$8,857

14 a. Nature of Payment

I received a check as partial reimbursement for expenses I incurred climbing a mountain (guiding company fee, airline ticket, etc.) which I undertook as a fund raising event for The Leukemia & Lymphoma Society ("the Society"). I was a volunteer fund raiser in the Society's Team-In-Training program. The Society's National Capital Area Chapter and I had an arrangement that for every \$4 in charitable donations I raised the Society would reimburse me \$1 for my actual expenses associated with the mountain climb. I raised about \$33,200 in charitable donations and I incurred about \$17,000 in expenses, for which I was reimbursed \$8,296.75.

I received two free tickets that my wife and I used to attend the Society's annual ball in 2004. Had I paid for the tickets, they would have cost \$2,000 (\$1,000 each). \$560 of the \$2000 price of the two tickets constitutes the Society's estimated value of goods and services (for food, beverages and entertainment), and the remaining \$1,440 is the charitable donation portion of the two tickets. Since I did not pay for the tickets, and therefore did not donate the \$1,440 to the Society, the value of the two tickets is approximately \$560.

The amount in 14 b., \$8,857, equals the sum of \$8,297 and \$560.

My employer, the United Food and Commercial Workers International Union, promotes fund raising events for, and makes charitable donations to, the Society. In 2004, my employer donated \$5,100.85 to the Society.